24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	0 30004000
Check if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Third Dimension Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 14524 Cantrell Road	
Suite 140	Amount
City State Zip Code	17500.00
Litte Rock AR 72223	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Telephone advertising Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought: X House District: 02
Bruce Poliquin Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For:
Full Name of Payee Third Dimension Strategies, LLC	Date of Public Distribution/Dissemination
Mailing Address 14524 Cantrell Road	11 02 2014
14024 Outhfoll Noud	Amount
Suite 140 City State Zip Code	8750.00
Litte Rock AR 72223	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Telephone advertising Category/ Type 004	11 03 2014
Name of Federal Candidate Support Offi	ce Sought: X House District: 02
Emily Cain Oppose	President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	26250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	